

S. No. 2  
—11-10-39  
v. 5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **6897**

**MAR 19 1941**  
Registration District No. **104**

Primary Registration District No. **3415**

Registrar's No. **5**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

36  
0  
0

**1. PLACE OF DEATH:**  
(a) County **Franklin**  
(b) City or town **Sullivan, R.F.D. 2, Boon Twn.**  
(c) Name of hospital or institution: **At home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **20 Yrs.**  
In this community **20 Yrs.**  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **Mary Maria Eynon,**  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** **Female** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**

**6. (b) Name of husband or wife** **David Eynon** **6. (c) Age of husband or wife if alive** **78** years

**7. Birth date of deceased** **Oct. 7th. 1865**  
(Month) (Day) (Year)

**8. AGE:**  
Years **75** Months **4** Days **3** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** **Wales**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **House Wife**

**11. Industry or business** **At Home**

**12. Name** **John Evans,**

**13. Birthplace** **Wales**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Anna Gibbons**

**15. Birthplace** **Wales**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **David Eynon**  
(b) Address **Sullivan, Mo.**

**17. (a) Burial** (b) Date thereof **Feb. 15, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**18. (a) Signature of funeral director** **J. S. Williams**  
(b) Address **Sullivan, Mo.**

**19. (a) 2-14-41** (b) **Charles A. Shumaker**  
(Date received from registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Franklin**  
(c) City or town **Sullivan, Mo. R.F.D. 2 Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Boone Twn.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? **50 Yrs.** years.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH** Month **Feb** day **10**  
year **1941** hour **9** minute **30 P.M.**  
**21. I hereby certify that I attended the deceased from** **June 1940**  
to **Jan 5 1941**  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Coronary Arteriosclerosis**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**22. If death was due to external causes, fill in the following:**  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_  
**23. Signature** **D. L. K. Barber**  
Address **Sullivan Mo** Date signed **2/12/41**

Duration  
**1 yr.**  
**5 yr.**  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed J. T. Williams  
Licensed Embalmer No. 427

P. O. Address Sullivan, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**